

Exhibit A-9



Group Annuity Contract Application
John Hancock Life Insurance Company (U.S.A.)
 A Stock Company

Available ONLY to Plans Qualified under Section 401(a) of the Internal Revenue Code

**SECTION A - APPLICANT**

1. Name	The Trustees of <u>First Choice Healthcare Defined Benefit Plan</u>			Plan
2. Trustee's Address	Direct No. and Name <u>1012 Wichita</u>			Suite No.
	City <u>Harlingen</u>	State <u>TX</u>	Zip Code <u>78550</u>	

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and investment direction are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as the Company).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	Employer <u>First Choice Healthcare</u>			
2. Employer's Address	Street No. and Name <u>1861 South 5th St. Ste 117A</u>			Suite No.
	City <u>McAllen</u>	State <u>TX</u>	Zip Code <u>78503</u>	
3. Type of Organization Sponsoring Plan	<input checked="" type="checkbox"/> Corporation	State of Incorporation <u>TX</u>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
4. Type of Qualified 401(a) Plan	<input checked="" type="checkbox"/> Defined Benefit <input type="checkbox"/> Profit Sharing (excluding 401(k)) <input type="checkbox"/> Money Purchase <input type="checkbox"/> Other			
5. Are you using John Hancock Life Insurance Company (U.S.A.) Prototype Plan Document?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - state the IRS Serial Number <u> </u> Is it <input type="checkbox"/> Standardized <input type="checkbox"/> Non-standardized			

SECTION D - FREQUENCY OF CONTRIBUTIONS

☐ Weekly
 ☐ Bi-Weekly
 ☐ Monthly
 ☐ Quarterly
 ☐ Semi-Annually
 ☒ Annually

SECTION E - INVESTMENT FUNDS**Guaranteed Interest Account**

I understand that a Market Value Adjustment may be applied to certain withdrawals from the Guaranteed Interest Accounts.

Sub-accounts

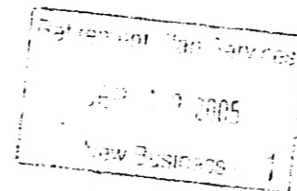
I acknowledge that I have received a description of the investment objectives and policies for each sub-account I have selected. I understand that the value of investments in the Company's sub-accounts will increase or decrease to reflect the investment experience of the sub-account. The Company will not guarantee these values.

The protection provided by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association DOES NOT include amounts held in any separate account under this Contract for which you have assumed the risk.

SECTION F - AMOUNT OF CONTRIBUTIONS

Amount of first year's contributions attributable to:

a) recurring contributions (minimum \$50,000 per year)	<u>\$260,295.00</u>
b) transfers from another depository	<u>\$ NA</u>
c) transfers from another Contract issued by the Company	<u>\$ NA</u>



GP1604(TX)(03)

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(01/2005)



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SECTION G - BOOK VALUE UI

Book Value Benefit Payments ☐ Yes ☒ No

If Yes, what percentage of plan assets will be invested in the Contract for which this application is being made?

%

SECTION H - FINANCIAL REPORTS

Reporting Year End - Last day of the reporting year

Day
31 Month
12

(Financial reports pertaining to the Contract issued will be prepared based on this date.)

Plan Year End

Day
31 Month
12

SECTION I - CHARGES

Asset Charges

- ☐ Billed quarterly. If charges remain unpaid after 45 days, charges will be deducted proportionately from all accounts.
- ☐ Deducted proportionately from all accounts on the last day of each reporting quarter.
- ☐ Deducted from the last contribution to guaranteed interest account on the last day of each reporting quarter.

Contract Charges

- ☐ Not applicable ☐ Deducted from contribution

Withdrawal Charge A withdrawal charge will be applied to certain withdrawals for a minimum period of 6 Contract years.



SECTION J - INCOME TAX WITHHOLDING

Distributions from this Contract prior to Contract termination are to be made payable to:

- ☒ Trustees as a standard product feature. The Plan Administrator is responsible for calculating and/or withholding federal and/or state income tax.
- ☐ Participants/Beneficiaries at an additional cost to the Contractholder. If elected, the Company is responsible for calculating and/or withholding federal and/or state income tax where applicable only if sufficient information is provided by the Contractholder to allow us to carry out these responsibilities.

SECTION K - AUTHORIZATION

The Applicant authorizes the Company to accept written financial and administrative direction from the persons specified below. The Applicant also authorizes the Company to provide Plan information to the persons specified below.

Print Name - First Marcial	Last Zamora	Title Trustee	Signature <i>Marcial Zamora</i>
Print Name - First	Last	Title	Signature

SECTION L - APPLICANT'S STATEMENT

I, the Applicant, apply for the Ultraflex Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that the Company is responsible for providing only the services set forth under this Contract. I also understand that the Company is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of the Company in providing such services.

I agree to furnish the Company with any Plan information or documents that the Company may require in order to provide the services set forth under the Contract. I certify that the Plan is qualified under Section 401(a) of the Internal Revenue Code.

Signed at

City
McAllen State
TX

On

Day
12 Month
September Year
2005

On Behalf of Contractholder by

Print Name - First Marcial	Last Zamora	Title Trustee	Signature <i>Marcial Zamora</i>
Print Name - First	Last	Title Trustee	Signature

Witness

Print Name - First Roland	Last Celler	Signature <i>Roland Celler</i>
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